



BMH TRAUMA & ED  
601 John St  
Kalamazoo MI 49007-5431

DUNIGAN, JAMES RONALD  
MRN: 0002465276  
DOB: 3/24/1959, Sex: M  
Adm: 5/6/2016, D/C: 5/6/2016

## ED Notes (continued)

### ED Provider Notes by Wesley L Rigot, MD at 5/6/2016 2:26 AM (continued)

Version 2 of 2

Pt with no signs of significant injury. CXR normal. Pain reproducible. Pt scheduled for dialysis today. No indication further work up. I stated to patient pain medications need to come from PCP. Pt just had inpatient treatment at Borgess and dialysed twice this week already.<sup>[WR1.1]</sup>

Wesley L Rigot, MD  
05/06/16 1916  
[WR1.2]

Electronically signed by Wesley L Rigot, MD on 5/6/2016 7:16 PM

#### Revision History

User Key	Date/Time	User	Provider Type	Action
> WR1.2	5/6/2016 7:16 PM	Wesley L Rigot, MD	Physician	Sign
WR1.1	5/6/2016 7:14 PM	Wesley L Rigot, MD	Physician	
TP1.2	5/6/2016 4:05 AM	Theadora Panzl, Emergency Scribe	Emergency Scribe	Sign
TP1.3	5/6/2016 4:04 AM	Theadora Panzl, Emergency Scribe	Emergency Scribe	
TP1.1	5/6/2016 2:39 AM	Theadora Panzl, Emergency Scribe	Emergency Scribe	Share

### ED Provider Notes by Theadora Panzl, Emergency Scribe at 5/6/2016 2:26 AM

Version 1 of 2

Author: Theadora Panzl, Emergency Scribe      Service: Emergency Medicine      Author Type: Emergency Scribe  
Filed: 5/6/2016 4:05 AM      Date of Service: 5/6/2016 2:26 AM      Status: Cosign Needed  
Editor: Theadora Panzl, Emergency Scribe (Emergency Scribe)      Cosign Required: Yes

**EMERGENCY DEPARTMENT ENCOUNTER**  
**BMH TRAUMA & EMERGENCY DEPARTMENT**  
Encounter Date:<sup>[TP1.1]</sup> 5/6/2016<sup>[TP1.2]</sup>  
Date of Birth:<sup>[TP1.1]</sup> 3/24/1959<sup>[TP1.2]</sup>

#### FIRST CONTACT<sup>[TP1.1]</sup>

First contact with patient: Now (05/06/16 0230)<sup>[TP1.2]</sup>

#### CHIEF COMPLAINT<sup>[TP1.1]</sup>

##### Chief Complaint

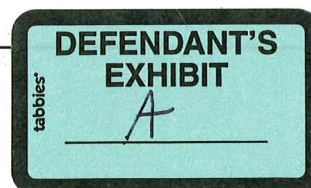
Patient presents with

- Fall

*pt sts fell getting off the bus Thursday. Right flank pain.*<sup>[TP1.2]</sup>

#### HPI<sup>[TP1.1]</sup>

James Ronald Dunigan<sup>[TP1.2]</sup> is a<sup>[TP1.1]</sup> 57 y.o. male<sup>[TP1.2]</sup> who presents to ED c/o R sided chest wall pain s/p injury. Pt notes ongoing R sided chest wall since yesterday that has gradually worsened since onset. Pt states that the pain began after he accidentally fell getting off of a bus onto cement. Pt states "I am bleeding from the inside." Pt has a PMHx of hepatitis C, DM II, anemia, and end-staged renal disease currently on hemodialysis. Pt denies any recent or associated nausea, vomiting, diarrhea, fever, chills, cough, congestion, HA, neck pain or head injury.





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## ED Notes (continued)

ED Provider Notes by Theadora Panzl, Emergency Scribe at 5/6/2016 2:26 AM (continued)

Version 1 of 2

### REVIEW OF SYSTEMS

**Positive for:** R sided chest wall pain

**Negative for:** Nausea, Vomiting, Diarrhea, Fever, Chills, Cough, Congestion, HA, Neck pain, Head injury  
All other systems reviewed and negative.

### PAST MEDICAL HISTORY<sup>[TP1.1]</sup>

#### Past Medical History

##### Diagnosis

- |   | Date                    |
|---|-------------------------|
| • Acute coronary syndrome   | 7/16/2014               |
| • Chronic kidney disease, stage IV (severe)                               | 05/2013                 |
| • Cocaine abuse   |                         |
| • Depression  |                         |
| • Diastolic CHF   |                         |
| • Drug abuse, marijuana   |                         |
| • End stage renal disease   |                         |
| <i>MWF Fresenius. Noncompliance</i>                                       |                         |
| • Hematemesis   | 10/13/2012              |
| • Hemiplegia of nondominant side following CVA (cerebrovascular accident) | 2014                    |
| • Hepatitis   |                         |
| • Hepatitis C   |                         |
| • Hypertensive heart and renal disease with congestive heart failure      |                         |
| • Intraparenchymal hemorrhage of brain                                    | 9/12/2014               |
| • LVH (left ventricular hypertrophy)                                      |                         |
| • Migraine  |                         |
| • Persistent proteinuria  |                         |
| • Type 2 diabetes mellitus with end-stage renal disease                   | 2003 <sup>[TP1.2]</sup> |

### SURGICAL HISTORY<sup>[TP1.1]</sup>

#### Past Surgical History

##### Procedure

- |  | Laterality | Date       |
|--|------------|------------|
| • Duodenoscopy with biopsy   |            | 7/7/2015   |
| <i>Procedure: ENDO-DUODENOSCOPY BIOPSY (EGD); Surgeon: William W Webb, MD</i>                      |            |            |
| • Av fistula placement   | Left       | 12/2015    |
| • Pilonidal cyst / sinus excision  |            |            |
| • Insertion/replacement line-catheter  | Right      | 12/31/2015 |
| <i>Procedure: Right internal jugular Tunneled Cath Insertion; Surgeon: Daniel J Johnston, MD</i>   |            |            |
| • Vascular surgery   | Left       | 2/18/2016  |
| <i>Procedure: Left Brachial Cephalic AV Fistula; Surgeon: Krishna M Jain, MD<sup>[TP1.2]</sup></i> |            |            |

### SOCIAL HISTORY<sup>[TP1.1]</sup>

reports that he has been smoking Cigarettes. He has a 11.00 pack-year smoking history. He has never used smokeless tobacco. He reports that he uses illicit drugs, including Marijuana and Cocaine, about 14 times per week. He reports that he does not drink alcohol.<sup>[TP1.2]</sup>

Marital Status:<sup>[TP1.1]</sup> Single

In the last 30 days, have you traveled outside of the United States?: No



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## ED Notes (continued)

ED Provider Notes by Theadora Panzl, Emergency Scribe at 5/6/2016 2:26 AM (continued)

Version 1 of 2

Do you have a fever?: No<sup>[TP1.2]</sup>

I personally reviewed the past history with the patient, family, or accompanying documentation.

## ALLERGIES<sup>[TP1.1]</sup>

No Known Allergies<sup>[TP1.2]</sup>

## CURRENT MEDICATIONS

### Prior to Admission medications

Medication	Sig	Start Date	End Date	Taken g?	Authorizing Provider
amLODIPine (NORVASC) 10 MG tablet	Take 10 mg by mouth once daily				Historical Provider, MD
aspirin-acetaminophen-caffeine (EXCEDRIN MIGRAINE) 250-250-65 mg per tablet	Take 1 tablet by mouth every 6 (six) hours as needed for Headaches				Historical Provider, MD
diltiazem 300 MG 24 hr capsule	Take 300 mg by mouth once daily				Historical Provider, MD
ferrous sulfate 325 (65 FE) MG tablet	Take 325 mg by mouth once daily with breakfast				Historical Provider, MD
furosemide (LASIX) 40 MG tablet	Take 40 mg by mouth once daily				Historical Provider, MD
insulin aspart (NovoLOG FLEXPEN) 100 unit/mL InPn	Inject 3-6 Units subcutaneously 3 (three) times daily before meals				Historical Provider, MD
insulin syringe-needle U-100 1/2 mL 30 x 5/16" Syrg	by Misc.(Non-Drug; 8/26/14 Combo Route) route				Ferris Alkazir, MD
isosorbide mononitrate (IMDUR) 60 MG 24 hr tablet	Take 60 mg by mouth once daily				Historical Provider, MD
minoxidil (LONITEN) 2.5 MG tablet	Take 5 mg by mouth once daily				Historical Provider, MD
omeprazole (PriLOSEC) 20 MG capsule	Take 20 mg by mouth every morning before breakfast				Historical Provider, MD
UNABLE TO FIND MEDICATION	Sentry Tab. Instructions unable to verify.				Historical Provider, MD

## PHYSICAL EXAM

### VITAL SIGNS:<sup>[TP1.1]</sup>

#### Visit Vitals

- BP

101/60 (BP Location: Right arm, Patient Position: Sitting)



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## ED Notes (continued)

### ED Provider Notes by Theadora Panzl, Emergency Scribe at 5/6/2016 2:26 AM (continued)

Version 1 of 2

• Pulse	90
• Temp	97.5 °F (36.4 °C) (Axillary)
• Resp	18
• Ht	1.753 m
• Wt	74.4 kg
• SpO2	98%
• BMI	24.21 kg/m2 <sup>[TP1.2]</sup>

Vital signs reviewed

Triage notes reviewed

**Constitutional:** No acute distress, non-toxic appearance

**HENT:** Head atraumatic. Moist mucous membranes.

**Eyes:** Conjunctiva normal, non-icteric

**Neck:** Supple, normal ROM

**Respiratory:** No respiratory distress, normal breath sounds, no rales, no wheezing

**Cardiovascular:** Normal rate, normal rhythm, no murmurs, no gallops, no rubs

**GI:** Soft, nondistended, nontender, no mass, no rebound, no guarding, nontender umbilical hernia notes

**Musculoskeletal:** No edema, no extremity tenderness, no deformities, tenderness to R lower ribcage. Back- no tenderness or signs of injury, no ecchymosis, no crepitus

**Skin:** Warm and dry, no rash.

**Neurologic:** Alert & oriented x 3, strength normal, no sensory deficits noted

**Psychiatric:** Speech and behavior appropriate

### RADIOLOGY/PROCEDURE<sup>[TP1.1]</sup>

XR Ribs Right Include PA Chest

#### Final Result

1. No focal rib abnormality.

2. Mild pulmonary vascular congestion. Minimal atelectasis or edema in the right base.

Dictated by: Ryan D. Duhn MD on 5/6/2016 3:21 AM.

Electronically signed by: Ryan D. Duhn MD on 5/6/2016 3:24 AM.<sup>[TP1.2]</sup>

**0349<sup>[TP1.3]</sup>:** Pt's radiology was reviewed by Dr. Rigot and appreciated<sup>[TP1.1]</sup> no acute fracture<sup>[TP1.3]</sup>.

### ED COURSE & MEDICAL DECISION MAKING<sup>[TP1.1]</sup>

Labs Reviewed - No data to display

Medications - No data to display<sup>[TP1.2]</sup>

**Initial Treatment Plan:** Pt was initially informed of plan to order imaging to r/o any acute abnormality or fracture. Pt agreeable to orders and treatment plan at this time. Therefore, pt ordered a R ribs XR.<sup>[TP1.1]</sup>

**Re-evaluation at 0400:** Upon re-evaluation pt was informed of imaging findings and plan for further course of



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## ED Notes (continued)

**ED Provider Notes by Theadora Panzl, Emergency Scribe at 5/6/2016 2:26 AM (continued)**

Version 1 of 2

Tx and d/c. Pt was agreeable to plan and d/c home.<sup>[TP1.3]</sup>

**Patient Visit Summary:** Pt presents to ED c/o R sided chest wall pain s/p injury. Pt's physical exam as described. Pt's imaging was reviewed (as described in chart).<sup>[TP1.1]</sup> XR negative for acute fracture.<sup>[TP1.3]</sup> Pt's symptoms and work-up results are c/w<sup>[TP1.1]</sup> R sided chest wall contusion<sup>[TP1.3]</sup>. Pt was advised to f/u with PCP<sup>[TP1.1]</sup> for a visit within 3 days<sup>[TP1.3]</sup>. Worrisome signs and symptoms that may develop and would require further medical evaluation and treatment were discussed with pt. Patient noted understanding and agreed with treatment plan, all questions were answered. Pt expressed understanding of DCI and was agreeable to discharge home. VSS at time of d/c.

## FINAL IMPRESSION<sup>[TP1.1]</sup>

### New Prescriptions

No medications on file

Final diagnoses:

**Contusion of chest wall, right, initial encounter**<sup>[TP1.2]</sup>

THEADORA PANZL, Emergency Scribe

I, the treating Physician, state that I have reviewed the medical record and that all of the following is true: The Chief Complaint (CC) and History of Present Illness (HPI) were personally obtained by me. I personally performed the Physical Examination (PE) and directed the documentation and generation of the Medical Decision Making (MDM), Diagnosis (Dx), Disposition and Discharge Instructions. When not documented by me personally, the CC, HPI, PE, MDM, Dx, Disposition and Discharge Instructions were dictated by me to the ancillary staff (scribes). Portions of the Review of Systems (ROS), Past, Family and Social History (PFSH), may be been independently obtained by ancillary staff, but have been reviewed by me for accuracy. I have specifically noted positive responses that are documented in the ROS. When necessary, amendments to the medical record have been made by me.<sup>[TP1.1]</sup>

Theadora Panzl, Emergency Scribe

05/06/16 0405

<sup>[TP1.2]</sup>

Electronically signed by Theadora Panzl, Emergency Scribe on 5/6/2016 4:05 AM

### Revision History

User Key	Date/Time	User	Provider Type	Action
[N/A]	5/6/2016 7:16 PM	Wesley L Rigot, MD	Physician	Sign
> TP1.2	5/6/2016 4:05 AM	Theadora Panzl, Emergency Scribe	Emergency Scribe	Sign
TP1.3	5/6/2016 4:04 AM	Theadora Panzl, Emergency Scribe	Emergency Scribe	
TP1.1	5/6/2016 2:39 AM	Theadora Panzl, Emergency Scribe	Emergency Scribe	Share

**ED Notes by Marian S Lodes, RN at 5/6/2016 2:14 AM**

Version 1 of 1

Printed on 5/19/2016 2:03 PM

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## ED Notes (continued)

### ED Notes by Marian S Lodes, RN at 5/6/2016 2:14 AM (continued)

Version 1 of 1

Author: Marian S Lodes, RN      Service: (none)      Author Type: Registered Nurse  
Filed: 5/6/2016 2:14 AM      Date of Service: 5/6/2016 2:14 AM      Status: Signed  
Editor: Marian S Lodes, RN (Registered Nurse)

Bed: 24

Expected date: 5/6/16

Expected time:

Means of arrival:

Comments:

57yo male fall yesterday with right chest and flank pain VS "unremarkable", no LOC

Electronically signed by Marian S Lodes, RN on 5/6/2016 2:14 AM

#### Revision History

User Key	Date/Time	User	Provider Type	Action
> ML1.1	5/6/2016 2:14 AM	Marian S Lodes, RN	Registered Nurse	Sign

## Hospital Encounter Notes

### Encounter Notes

No notes of this type exist for this encounter.



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## Surgery Report

### Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

## Imaging - Clinical Orders

### XR Ribs Right Include PA Chest [86656153]

Electronically signed by: **Wesley L Rigot, MD on 05/06/16 0234** Status: **Completed**

Ordering user: Wesley L Rigot, MD 05/06/16 0234

Ordering provider: Wesley L Rigot, MD

Authorized by: Wesley L Rigot, MD

Frequency: Once 05/06/16 0235 - 1 Occurrences

Questions:

Signs and Symptoms? rib injury

## Discharge - Clinical Orders

### Discharge patient [86656155]

Electronically signed by: **Wesley L Rigot, MD on 05/06/16 0403**

Status: **Discontinued**

Ordering user: Wesley L Rigot, MD 05/06/16 0403

Ordering provider: Wesley L Rigot, MD

Authorized by: Wesley L Rigot, MD

Frequency: Once 05/06/16 0404 - 1 Occurrences

Discontinued by: Automatic Discharge Provider  
05/06/16 0629 [Discontinued at Discharge]

Questions:

Condition at Discharge Stable

## Clinical Lab Results

### Lab Results

No matching results found

### Lab Results

No matching results found

## Radiology Results

Resulted: 05/06/16 0324, Result status: Final  
result

### XR Ribs Right Include PA Chest [86656154]

Ordering provider: Wesley L Rigot, MD 05/06/16 0234

Resulted by: Ryan Donsworth Duhn, MD

Performed: 05/06/16 0301 - 05/06/16 0302

Resulting lab: EMC RAD

Narrative: Right EXAMINATION: Right Ribs with Frontal View Chest, Minimum Three Views  
EXAM DATE: 5/6/2016 2:55 AM

TECHNIQUE: AP and oblique views of the right ribs with frontal view of the chest

INDICATION: rib injury  
COMPARISON: 3/29/2016

ENCOUNTER: Initial

FINDINGS:

Chest: Right IJ catheter central venous catheter tip projects near superior cavoatrial junction.



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## Radiology Results (continued)

Resulted: 05/06/16 0324, Result status: Final  
result

### XR Ribs Right Include PA Chest [86656154] (continued)

Stable upper normal heart size. Mild central pulmonary vascular congestion. Mild atelectasis or edema in the right lung base. No pneumothorax. Small bilateral pleural effusion.

Right ribs: There is no acute rib fracture. There is no lytic or blastic bone lesion.

#### Impression:

1. No focal rib abnormality.
2. Mild pulmonary vascular congestion. Minimal atelectasis or edema in the right base.

Dictated by: Ryan D. Duhn MD on 5/6/2016 3:21 AM.

Electronically signed by: Ryan D. Duhn MD on 5/6/2016 3:24 AM.

#### Specimen Collection

Type	Source	Collected On
		05/06/16 0255

Resulted: 05/06/16 0302, Result status: In  
process

### XR Ribs Right Include PA Chest [86656154]

Ordering provider:	Wesley L Rigot, MD	05/06/16 0234	Resulted by:	Ryan Donsworth Duhn, MD
Performed:	05/06/16 0301 - 05/06/16 0302		Resulting lab:	RADIOLOGY

#### Specimen Collection

Type	Source	Collected On
		05/06/16 0255

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - EMCRad	EMC RAD	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	01/24/07 1652 - Present
13 - Unknown	RADIOLOGY	Unknown	Unknown	05/12/11 1059 - Present

## ECG/EMG Results

### ECG/EMG Results

No matching results found

## Cardiac Results

### All Cardiac Results

No matching results found



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# **All Flowsheet Data (05/06/16 0000--05/06/16 2359) (continued)**

## **Patient Education**

05/06/16 0409

### **Patient Education**

Learning needs	Discharge
/ teaching done:	Teaching -DW
Disposition	Followup plan -DW
Teaching done:	
Teaching method	Explanation -DW
Individual taught	Patient -DW
Readiness to learn	Attentive -DW
Patient response to teaching	Verbalizes understanding -DW

## **Focused Assessment**

05/06/16 02:48:53    05/06/16 02:26:06    05/06/16 02:24:58    05/06/16 0221    05/06/16 0219

### **Airway**

Airway (WDL)				WDL -AK
--------------	--	--	--	---------

### **Breathing**

Breathing (WDL)				WDL -AK
-----------------	--	--	--	---------

Respiratory Pattern	Regular -AK
---------------------	-------------

L Breath Sounds	Clear -AK
-----------------	-----------

R Breath Sounds	Clear -AK
-----------------	-----------

SpO2	98 % -AK			98 % -AK
------	----------	--	--	----------

### **Circulation**

Circulation (WDL)				WDL -AK
-------------------	--	--	--	---------

### **Disability**

Disability (WDL)				WDL -AK
------------------	--	--	--	---------

### **Glasgow Coma Scale**

Eye Opening	4 -AK	4 -AK
-------------	-------	-------

Best Verbal Response	5 -AK	5 -AK
----------------------	-------	-------

Best Motor Response	6 -AK	6 -AK
---------------------	-------	-------

Glasgow Coma Scale Score	15 -AK	15 -AK
--------------------------	--------	--------

## **Neurological**

05/06/16 02:24:58    05/06/16 0221

### **Neurological**

Neuro (WDL)	X -AK
-------------	-------

Neuro symptoms	Dizziness pt sts "lost my balance getting off the bus, I just didn't feel right"
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## All Flowsheet Data (05/06/16 0000--05/06/16 2359) (continued)

### Neurological (continued)

	05/06/16 02:24:58	05/06/16 0221
	-AK	
Cognition	Appropriate for developmental age -AK	
Orientation Level	Appropriate for developmental age -AK	
Speech	Clear -AK	
<b>Glasgow Coma Scale</b>		
Eye Opening	4 -AK	4 -AK
Best Verbal Response	5 -AK	5 -AK
Best Motor Response	6 -AK	6 -AK
Glasgow Coma Scale Score	15 -AK	15 -AK
<b>Headache</b>		
Headache present	No -AK	
<b>Syncope / Near Syncope</b>		
Syncope complaints?	No -AK	
<b>Seizures</b>		
Seizure complaints?	No -AK	

### Respiratory

	05/06/16 02:48:53	05/06/16 02:26:06	05/06/16 0219
<b>Respiratory</b>			
Bilateral Bases		Clear -AK	
L Breath Sounds		Clear -AK	
R Breath Sounds		Clear -AK	
Respiratory Pattern		Regular -AK	
Chest Assessment		Chest expansion symmetrical -AK	
O2 Device	None (Room air) -AK	None (Room air) -AK	None (Room air) -AK

### Gastrointestinal

	05/06/16 02:28:27	05/06/16 02:27:43
<b>Abdominal</b>		
Gastrointestinal (WDL)		X -AK
GI Symptoms		Pain -AK
<b>Flank pain</b>		
Present?	Yes fall on right side -AK	Yes -AK